

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042070

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10454

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY  
OR  
TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Incarnate Word Hopsital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**9200 South View Lane**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

**William**

Middle

**Stadler**

Last

4. DATE OF DEATH

Month

Day

Year

**October**

**17**

**1963**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**11/26/91**

9. AGE (last birthday)

**71**

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Vice-President**

10b. KIND OF BUSINESS OR INDUSTRY

**Mueck Auto Body**

11. BIRTHPLACE (City and state or country)

**St. Louis Missouri**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**William Stadler**

13b. MOTHER'S MAIDEN NAME

**Fredericka Teiss**

14. NAME OF HUSBAND OR WIFE

**Helen Stadler**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

**No**

**None**

17. INFORMANT

**Helen Stadler 9200 South View Lane**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Chronic Congestive Heart Failure**

DUE TO (b)

**Chronic Cardio Vascular Renal Disease**

DUE TO (c)

**442x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Diabetes Mellitus**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **March 29, 1941** to **October 17, 1963** and last saw him alive on **October 17, 1963**  
Death occurred at **6 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Richard S. Benjamin M.D.**

22b. ADDRESS

**7430 Virginia St. Louis, Mo.**

22c. DATE SIGNED

**10/18/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**Oct 21 1963**

23c. NAME OF CEMETERY OR CREMATORY

**St. Pauls Churchyard**

23d. LOCATION (City, town, or county)

**St. Louis County**

**Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Schumacher 3013 Meramec Str.**

25. DATE RECD. BY LOCAL REG.

**OCT 21 1963**

26. REGISTRAR'S SIGNATURE

**Earl Smith M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

2 40003

3

4 0

5 1

6

7 0

8 2

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10

11

12 63-0

13

63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.